

Filing at a Glance

Company: Lincoln General Insurance Company

Product Name: Commercial Auto Schedules & Decs SERFF Tr Num: HNST-125214931 State: Arkansas

Decs

TOI: 20.0 Commerical Auto

SERFF Status: Closed

State Tr Num: AR-PC-07-025299

Sub-TOI: 20.0001 Business Auto

Co Tr Num: 2007AR13CA

State Status:

Filing Type: Form

Co Status: Phyllis Rakittke

Reviewer(s): Betty Montesi,

Llyweyia Rawlins

Author: Phyllis Rakittke

Disposition Date: 07-05-2007

Date Submitted: 06-29-2007

Disposition Status: Approved

Effective Date Requested (New): 08-01-2007

Effective Date (New): 08-01-2007

Effective Date Requested (Renewal): 08-01-2007

Effective Date (Renewal): 08-01-2007

General Information

Project Name: Commercial Auto Schedules & Decs

Status of Filing in Domicile: Pending

Project Number: 2007AR13CA

Domicile Status Comments: N/A

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 07-05-2007

State Status Changed: 07-02-2007

Deemer Date:

Corresponding Filing Tracking Number: N/A

Filing Description:

Lincoln General Insurance Company would like to file the following new, revised and withdrawn forms.

Company and Contact

Filing Contact Information

Phyllis Rakittke, Product Analyst

phyllis.rakittke@lincolngeneral.com

150 Northwest Point Blvd

(877) 717-5442 [Phone]

Elk Grove Village, IL 60007-1015

(847) 700-8607[FAX]

Filing Company Information

Lincoln General Insurance Company

CoCode: 33855

State of Domicile: Pennsylvania

P.O. Box 3709

Group Code: 1326

Company Type: Property &

Casualty

3501 Concord Rd

York, PA 17402

Group Name: Kingsway Financial State ID Number:

Group

(717) 757-0000 ext. [Phone]

FEIN Number: 23-2023242

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 Form Filing @ \$50 Each
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln General Insurance Company	\$50.00	06-29-2007	14399035

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07-05-2007	07-05-2007

Disposition

Disposition Date: 07-05-2007

Effective Date (New): 08-01-2007

Effective Date (Renewal): 08-01-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Commercial Auto Schedule	Approved	Yes
Form	Schedule of Auto Changes	Approved	Yes
Form	Schedule of Covered Autos You Own	Approved	Yes
Form	Truckers Schedule of Covered Autos You Own	Approved	Yes
Form	Truckers Schedule of Auto Changes	Approved	Yes
Form	Business Auto Coverage Form Declarations	Approved	Yes
Form	Garage Coverage Form Declarations	Approved	Yes
Form	Garage Coverage Form-Auto Dealers Supplementary Schedule	Approved	Yes
Form	Truckers Coverage Form Declarations	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial Auto Schedule	LGIC CA SCHED	06 07	Declaration New s/Schedule		0.00	__LGIC CA SCHED 06 07.pdf
Approved	Schedule of Auto Changes	AU-ACHG-CW	04 05	Declaration Withdrawn s/Schedule	2006AR16CA	0.00	_AU-ACHG-CW 04 05.pdf
Approved	Schedule of Covered Autos You Own	AU-AUTO-CW	04 05	Declaration Withdrawn s/Schedule	2006AR16CA	0.00	_AU-AUTO-CW 04 05.pdf
Approved	Truckers Schedule of Covered Autos You Own	TU-AUTOS SCHED	04 05	Declaration Withdrawn s/Schedule	2006AR16CA	0.00	_TU-AUTO SCHED 04 05.pdf
Approved	Truckers Schedule of Auto Changes	TU-AUTO CHANGE S	04 05	Declaration Withdrawn s/Schedule	2006AR16CA	0.00	_TU-AUTO CHANGES 04 05.pdf
Approved	Business Auto Coverage Form Declarations	AU-DEC-CW	03 06	Declaration Replaced s/Schedule	AU-DEC-CW 01 05	0.00	AU-DEC-CW 03 06.pdf AU-DEC-CW 01 05.pdf
Approved	Garage Coverage Form Declarations	GR-DEC-CW	03 06	Declaration Replaced s/Schedule	GR-DEC-CW 01 05	0.00	GR-DEC-CW 03 06.pdf GR-DEC-CW 01 05.pdf
Approved	Garage Coverage Form-Auto Dealers Supplementary Schedule	GR-DEALER SUPP-CW	03 06	Declaration Replaced s/Schedule	GR-DEALER SUPP-CW 01 05	0.00	GR-DEALER SUPP-CW 03 06.pdf GR-DEALER SUPP-CW 01 05.pdf
Approved	Truckers Coverage Form Declarations	TR-DEC	03 06	Declaration Replaced s/Schedule	TR-DEC 01 05	0.00	TR-DEC 03 06.pdf TR-DEC 01 05.pdf

ITEM THREE
SCHEDULE OF COVERED AUTOS YOU OWN

Unit #:	001		002		003	
Vehicle Description: VIN: Cost New: Stated Amount: Garage Location: Territory:						
COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)						
	Limit	Premium	Limit	Premium	Limit	Premium
Liability	\$	\$	\$	\$	\$	\$
Personal Injury						
Added P.I.P.						
Property Protection (Michigan Only)						
Medical Payments						
Medical Expense and Income Loss Benefits (Virginia Only)						
Uninsured Motorist Bodily Injury						
Underinsured Motorist Bodily Injury						
U.M. Property Damage						
	Deductible	Premium	Deductible	Premium	Deductible	Premium
Comprehensive						
Specified Causes of Loss						
Collision						
Towing & Labor (Limit per Disablement)						
<INSERT *>						
<INSERT *>						
Total Unit Premium						

* Insert miscellaneous information such as NY Law Enforcement Fee, City Tax, State Tax, etc.

Unit #:	004	005	006			
Vehicle Description: VIN: Cost New: Stated Amount: Garage Location: Territory:						
COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)						
	Limit	Premium	Limit	Premium	Limit	Premium
Liability	\$	\$	\$	\$	\$	\$
Personal Injury						
Added P.I.P.						
Property Protection (Michigan Only)						
Medical Payments						
Medical Expense and Income Loss Benefits (Virginia Only)						
Uninsured Motorist Bodily Injury						
Underinsured Motorist Bodily Injury						
U.M. Property Damage						
	Deductible	Premium	Deductible	Premium	Deductible	Premium
Comprehensive						
Specified Causes of Loss						
Collision						
Towing & Labor (Limit per Disablement)						
<INSERT *>						
<INSERT *>						
Total Unit Premium						

Policy Number

SCHEDULE OF AUTO CHANGES

Endorsement No.

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

Coverage affected by this change is Added, Deleted or Changed as indicated below.

Covered Auto No.	Veh. Cov. Is	Description		Except for towing, all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.	
		Year, Model, Trade Name, Body Type, Serial Number(s), Vehicle Identification Number (VIN)			
				See Schedule of Loss Payees, if applicable	

Covered Auto No.	Territory		Purchased		Classification
	Town & State Where Covered Auto Will Be Principally Garaged		Original Cost New	Actual Cost & New (N) Used (U)	Business Use S = Service R = Retail C = Commercial

Covered Auto No.	Classification						
	Radius of Operation	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phys. Damage		

Policy Number

SCHEDULE OF AUTOS CHANGES (Continued)

Endorsement No.

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

Covered Auto No.	Coverages — Premiums, Limits and Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible in the corresponding ITEM TWO column applies instead)				
	Liability		P.I.P.		Added P.I.P.
	Limit (In Thousands)	Premium	Limit Stated in each P.I.P. endt. minus ded. shown below	Premium	Limit Stated in each added P.I.P. endt. Premium
Total Prem.					
Covered Auto No.	Auto Medical Payments		Medical Expense and Income Loss Benefits (Virginia Only)		
	Limit	Premium	Limit Stated In Each Medical Expense and Income Loss Endt. For Each Person		Premium
Total Prem.					
Covered Auto No.	Uninsured Motorists		Underinsured Motorists	Property Protection (Michigan Only)	
	Limit (In Thousands)	Premium	Premium	Limit stated in P.P.I. Endt.minus minus deductible shown below	Premium
Total Prem.					
Covered Auto No.	Comprehensive			Specified Causes of Loss	
	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	
Total Prem.					
Covered Auto No.	Collision			Towing and Labor	
	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit per disablement	Premium	
Total Prem.					

Policy Number

SCHEDULE OF COVERED AUTOS YOU OWN

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

ITEM THREE – SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	Description		Except for towing, all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.				
	Year, Model, Trade Name, Body Type, Serial Number(s), Vehicle Identification Number (VIN)						
			See Schedule of Loss Payees, if applicable				
Covered Auto No.	Territory	Purchased		Classification			
	Town & State Where Covered Auto Will Be Principally Garaged	Original Cost New	Actual Cost & New (N) Used (U)	Business Use S = Service R = Retail C = Commercial			
Covered Auto No.	Classification						
	Radius of Operation	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phys. Damage		

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

Covered Auto No.	Coverages -- Premiums, Limits and Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible in the corresponding ITEM TWO column applies instead)				
	Liability		P.I.P.		Added P.I.P.
	Limit (In Thousands)	Premium	Limit Stated in each P.I.P. endt. minus ded. shown below	Premium	Limit Stated in each added P.I.P. endt. Premium
Total Prem.					
Covered Auto No.	Auto Medical Payments		Medical Expense and Income Loss Benefits (Virginia Only)		
	Limit	Premium	Limit Stated In Each Medical Expense and Income Loss Endt. For Each Person		Premium
Total Prem.					
Covered Auto No.	Uninsured Motorists		Underinsured Motorists	Property Protection (Michigan Only)	
	Limit (In Thousands)	Premium	Premium	Limit stated in P.P.I. Endt.minus deductible shown below	Premium
Total Prem.					
Covered Auto No.	Comprehensive			Specified Causes of Loss	
	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	
Total Prem.					
Covered Auto No.	Collision			Towing and Labor	
	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit per disablement	Premium	
Total Prem.					

Policy Number**SCHEDULE OF COVERED AUTOS YOU OWN**

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

ITEM THREE – SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	Description			Except for towing, all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.
	Year, Model, Trade Name, Body Type, Serial Number(s), Vehicle Identification Number (VIN)			
				See Schedule of Loss Payees, if applicable.

Covered Auto No.	Territory	Purchased		Classification
	Town & State Where Covered Auto Will Be Principally Garaged	Original Cost New	Actual Cost & New (N) Used (U)	Business Use S = Service R = Retail C = Commercial

Covered Auto No.	Classification						
	Radius of Operation	Size GWW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phys. Damage		

Policy Number

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

Covered Auto No.	Coverages — Premiums, Limits and Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible in the corresponding ITEM TWO column applies instead)				
	Liability		P.I.P.		Added P.I.P.
	Limit (In Thousands)	Premium	Limit Stated in each P.I.P. endt. minus ded. shown below	Premium	Limit Stated in each added P.I.P. endt. Premium
Total Prem.					
Covered Auto No.	Auto Medical Payments		Medical Expense and Income Loss Benefits (Virginia Only)		
	Limit	Premium	Limit Stated In Each Medical Expense and Income Loss Endt. For Each Person	Premium	
Total Prem.					
Covered Auto No.	Uninsured Motorists		Underinsured Motorists	Property Protection (Michigan Only)	
	Limit (In Thousands)	Premium	Premium	Limit stated in P.P.I. Endt. minus deductible shown below	Premium
Total Prem.					
Covered Auto No.	Comprehensive			Specified Causes of Loss	
	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	
Total Prem.					
Covered Auto No.	Collision			Towing and Labor	
	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit per disablement	Premium	
Total Prem.					

Policy Number

TRUCKER SCHEDULE OF AUTO CHANGES

Endorsement No.

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

Coverage affected by this change is Added, Deleted or Changed as indicated below.

Covered Auto No.	Veh. Cov. Is	Description			Except for towing, all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.		
		Year, Model, Trade Name, Body Type, Serial Number(s), Vehicle Identification Number (VIN)					
					See Schedule of Loss Payees, if applicable		
Covered Auto No.	Territory		Purchased		Classification Business Use S = Service R = Retail C = Commercial		
	Town & State Where Covered Auto Will Be Principally Garaged		Original Cost New	Actual Cost & New (N) Used (U)			
Covered Auto No.	Classification						
	Radius of Operation	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phys. Damage		

Policy Number**TRUCKERS SCHEDULE OF AUTOS CHANGES (Continued)**

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

Covered Auto No.	Coverages — Premiums, Limits and Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible in the corresponding ITEM TWO column applies instead)				
	Liability		P.I.P.		Added P.I.P.
	Limit (In Thousands)	Premium	Limit Stated in each P.I.P. endt. minus ded. shown below	Premium	Limit Stated in each added P.I.P. endt. Premium
Total Prem.					
Covered Auto No.	Auto Medical Payments		Medical Expense and Income Loss Benefits (Virginia Only)		
	Limit	Premium	Limit Stated In Each Medical Expense and Income Loss Endt. For Each Person		Premium
Total Prem.					
Covered Auto No.	Uninsured Motorists		Underinsured Motorists	Property Protection (Michigan Only)	
	Limit (In Thousands)	Premium	Premium	Limit stated in P.P.I. Endt.minus minus deductible shown below	Premium
Total Prem.					
Covered Auto No.	Comprehensive			Specified Causes of Loss	
	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	
Total Prem.					
Covered Auto No.	Collision		Towing and Labor		
	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit per disablement	Premium	
Total Prem.					

BUSINESS AUTO DECLARATIONS

POLICY NO.: _____

Producer

ITEM ONE**NAMED INSURED:****MAILING ADDRESS:****POLICY PERIOD:** From _____ to _____ at 12:01 A.M. Standard Time at your mailing address shown above.**PREVIOUS POLICY NUMBER:** _____**FORM OF BUSINESS:**☐ CORPORATION☐ LIMITED LIABILITY COMPANY☐ INDIVIDUAL☐ PARTNERSHIP☐ OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Premium shown is payable at inception:

AUDIT PERIOD (IF APPLICABLE)	<input type="checkbox"/>	ANNUALLY	<input type="checkbox"/>	SEMI-ANNUALLY	<input type="checkbox"/>	QUARTERLY	<input type="checkbox"/>	MONTHLY
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ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)

IL 00 21 – Broad Form Nuclear Exclusion (Not Applicable in New York)

SEE SCHEDULE OF FORMS AND ENDORSEMENTSCOUNTERSIGNED _____ BY _____
(Date) (Authorized Representative)**NOTE**

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

ITEM TWO**SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY			
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS DEDUCTIBLE.	
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT.	
AUTO MEDICAL PAYMENTS			
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	
UNINSURED MOTORISTS			
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)			
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos".	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".	
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE, FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".	
PHYSICAL DAMAGE TOWING AND LABOR		FOR EACH DISABLEMENT OF A PRIVATE PASSENGER "AUTO".	
		TAX/SURCHARGE/FEE	
PREMIUM FOR ENDORSEMENTS			
*ESTIMATED TOTAL PREMIUM			

*This policy may be subject to final audit.

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				PURCHASED			TERRITORY	
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Original Cost New	Actual Cost & NEW (N) USED (U)		Town & State Where The Covered Auto Will Be Principally Garaged	
Covered Auto No.	CLASSIFICATION								EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At the Time Of The Loss.
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	
					Liab.	Phy. Dam.			
Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)								
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P		PROPERTY PROTECTION (Michigan Only)		
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium		
Total Premium									

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)			
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)	
	Limit	Premium	Limit Stated In Each Medical Expense and Income Loss Endorsement For Each Person	Premium
Total Premium				

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR	
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
Total Premium								

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE – RATING BASIS, COST OF HIRE				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage Is Primary)	PREMIUM
TOTAL PREMIUM				
LIABILITY COVERAGE – RATING BASIS, NUMBER OF DAYS – (FOR MOBILE OR FARM EQUIPMENT) – RENTAL PERIOD BASIS				
STATE	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED	BASE PREMIUM	FACTOR	PREMIUM
TOTAL PREMIUM				

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.			
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.			
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO.			
TOTAL PREMIUM				

ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP LIABILITY

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other Than Garage Service Operations And Other than Social Service Agencies	Number Of Employees		
	Number Of Partners		
Garage Service Operations	Number of Employees Whose Principal Duty Involves The Operation of Autos		
Social Service Agencies	Number Of Employees		
	Number Of Volunteers		
TOTAL			

ITEM SIX

SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS – LIABILITY COVERAGE – PUBLIC AUTO OR LEASING RENTAL CONCERNS

ESTIMATED YEARLY	RATES				PREMIUMS			
	<input type="checkbox"/> Per \$100 of Gross Receipts <input type="checkbox"/> Per Mile							
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS	MEDICAL EXPENSE BENEFITS (VA Only)	INCOME LOSS BENEFITS (VA Only)	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS	MEDICAL EXPENSE BENEFITS (VA Only)	INCOME LOSS BENEFITS (VA Only)
<input type="checkbox"/> Gross Receipts <input type="checkbox"/> Mileage								
TOTAL PREMIUMS								
MINIMUM PREMIUMS								

When used as a premium basis:

FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

BUSINESS AUTO COVERAGE FORM DECLARATIONS

Policy Number

ITEM ONE

Named Insured

Agent Name

Effective Date:

12:01 A.M., Standard Time

Agent No.

ITEM TWO – SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages		Covered Autos**	Limit The most we will pay for any one accident or loss		Premium
Liability					
Personal Injury Protection***			Separately stated in each P.I.P. endorsement minus Ded.		
Added Personal Injury Protection****			Separately stated in each added P.I.P. endorsement.		
Property Protection Insurance (Michigan only)			Separately stated in the P.P.I. endorsement minus Ded. for each accident		
Auto Medical Payments					
Medical Expense and Income Loss Benefits (Virginia only)			Separately Stated In Each Medical Expense And Income loss Benefit Endorsement		
Uninsured Motorists					
Underinsured Motorists (When not included in UM Coverage)					
PHYSICAL	Comprehensive Coverage		Actual cash value or cost of repair, whichever is less minus	ded. for each covered auto, but no deductible applies to loss caused by fire or lightning.*****	
	Specified Causes of Loss Coverage			ded. for each covered auto for loss caused by mischief or vandalism.*****	
	Collision Coverage			ded. for each covered auto.*****	
	Towing and Labor			for each disablement of a private passenger "auto".	
Forms and Endorsements applying to this coverage part and made a part of this policy at time of issue:				Tax/Surcharge/Fee	
				Premium for Endorsements	
				*Estimated Total Premium	
SEE SCHEDULE OF FORMS AND ENDORSEMENTS					

* This policy may be subject to final audit.

** Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos.

*** Or equivalent No-Fault Coverage

**** Or equivalent added No-Fault coverage

***** See ITEM FOUR for Hired or Borrowed "Autos".

This policy declaration and the supplemental declaration(s), together with the common policy conditions, coverage parts, coverage form(s) and forms and endorsements, if any, complete the above numbered policy.

Policy Number:

BUSINESS AUTO DECLARATIONS (Continued)**ITEM THREE – SCHEDULE OF COVERED AUTOS YOU OWN****SEE SCHEDULE OF COVERED AUTOS YOU OWN****ITEM FOUR – SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS****LIABILITY COVERAGE – RATING BASIS, COST OF HIRE**

State	Estimated Cost of Hire for Each State	Rate Per Each \$100 Cost of Hire	Factor (if Liability Coverage is Primary)	Premium
Total Premium				

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE

Coverages	Limit of Insurance The Most We Will Pay Deductible		Estimated Annual Cost of Hire	Rate Per Each \$100 Annual Cost of Hire	Premium
Comprehensive	Actual cash value, or cost of repair	whichever is less, minus ded. for each covered auto, but no deductible applies to loss caused by fire or lightning.			
Specified Causes of Loss		whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism.			
Collision		whichever is less, minus ded. for each covered auto.			
			Total Premium		

Policy Number:

BUSINESS AUTO DECLARATIONS (Continued)**ITEM FIVE – SCHEDULE FOR NON-OWNERSHIP LIABILITY**

Named Insured's Business	Rating Basis	Number	Premium
Other than A Social Service Agency	Number of Employees		
	Number of Partners		
Social Service Agency	Number of Employees		
	Number of Volunteers		
		Total Premium	

ITEM SIX – SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS – LIABILITY COVERAGE – PUBLIC AUTO OR LEASING RENTAL CONCERNS

Estimated Yearly <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Mileage	Rates		Premiums	
	<input type="checkbox"/> Per \$100 of Gross Receipts			
	<input type="checkbox"/> Per Mile			
	Liability Coverage	Auto Medical Payments	Liability Coverage	Auto Medical Payments
		Total Premiums		
		Minimum Premiums		

When used as a premium basis:

FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

GARAGE DECLARATIONS

POLICY NO.: _____

Producer

ITEM ONE**NAMED INSURED:****MAILING ADDRESS:**

POLICY PERIOD: From _____ to _____
 at 12:01 A.M. Standard Time at your mailing address shown above.

PREVIOUS POLICY NUMBER: _____**FORM OF BUSINESS:**

☐ CORPORATION ☐ LIMITED LIABILITY COMPANY ☐ INDIVIDUAL
☐ PARTNERSHIP ☐ OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
 WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Premium shown is payable at inception:

AUDIT PERIOD (IF APPLICABLE)		ANNUALLY		SEMI-ANNUALLY		QUARTERLY		MONTHLY
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ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)

IL 00 21 – Broad Form Nuclear Exclusion (Not applicable in New York)

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

COUNTERSIGNED _____ BY _____
 (Date) (Authorized Representative)

NOTE

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT
 THE COMPANY'S OPTION.

THIS DECLARATION MUST BE COMPLETED BY THE ATTACHMENT OF A SUPPLEMENTARY SCHEDULE.

ITEM TWO**SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for "garage operations".

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form shows which autos are covered autos.)	LIMIT			PREMIUM
		Each "Accident" "Garage Operations"	Aggregate – "Garage Operations"		
LIABILITY		"Auto" Only	Other Than "Auto" Only	Other Than "Auto" Only	
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS DEDUCTIBLE.			
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.			
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT.			
MEDICAL PAYMENTS					
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.			
UNINSURED MOTORISTS					
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)					
GARAGEKEEPERS COMPREHENSIVE COVERAGE		SEPARATELY STATED FOR EACH LOCATION IN ITEM SIX.			
GARAGEKEEPERS SPECIFIED CAUSES OF LOSS COVERAGE		SEPARATELY STATED FOR EACH LOCATION IN ITEM SIX			

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS (Cont'd)

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form shows which autos are covered autos.)	LIMIT	PREMIUM
GARAGEKEEPERS COLLISION COVERAGE		SEPARATELY STATED FOR EACH LOCATION IN ITEM SIX.	
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	
PHYSICAL DAMAGE TOWING AND LABOR		For Each Disablement Of A Private Passenger "Auto".	
		TAX / SURCHARGE / FEE	
		PREMIUM FOR ENDORSEMENTS	
		*ESTIMATED TOTAL PREMIUM	

*This policy may be subject to final audit.

GARAGE COVERAGE FORM DECLARATIONS

Policy Number

ITEM ONE

Named Insured

Agent Name

Effective Date:

12:01 A.M., Standard Time

Agent No.

ITEM TWO – SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to LIABILITY provides coverage for "garage operations".

Coverages		Covered Autos**	Limit "Garage Operations"		Premium
Liability			Each "Accident"		
			"Auto" Only	Other Than "Auto" Only	
				Aggregate Other than "Auto" Only	
Personal Injury Protection***			Separately stated in each P.I.P. endorsement minus Ded.		
Added Personal Injury Protection****			Separately stated in each added P.I.P. endorsement.		
Property Protection Insurance (Michigan only)			Separately stated in the P.P.I. endorsement minus Ded. for each accident.		
Medical Payments					
Medical Expense and Income Loss Benefits (Virginia only)			Separately state in each medical expense and income loss Benefits endorsement.		
Uninsured Motorists					
Underinsured Motorists (When not included in UM Coverage)					
Garagekeepers Comprehensive Coverage			Garagekeepers limits and deductibles are displayed on: SUPPLEMENTARY SCHEDULE		
Garagekeepers Specified Causes of Loss Coverage					
Garagekeepers Collision Coverage					
PHYSAEL	Comprehensive Coverage		Actual cash value or cost of repair, whichever is less minus	ded. for each covered auto, but no ded. applies to loss caused by fire or lightning.*****	
	Specified Causes of Loss Coverage			ded. for each covered auto for loss caused by mischief or vandalism.*****	
	Collision Coverage			ded. for each covered auto.*****	
	Towing and Labor		for each disablement of a private passenger "auto".		
Forms and Endorsements applying to this coverage part and made a part of this policy at time of issue: SEE SCHEDULE OF FORMS AND ENDORSEMENTS				Tax/Surcharge/Fee	
				Premium for Endorsements	
				*Estimated Total Premium	

* This policy may be subject to final audit ** Entry of one or more of the symbols from the COVERED AUTOS Section of the Garage Coverage Form shows which "autos" are covered "autos"

*** Or equivalent No-Fault Coverage

**** Or equivalent added No-Fault Coverage

***** See Supplementary Schedule for dealers "autos" and "autos" held for sale by trailer dealers and non-dealers.

**THIS DECLARATION MUST BE COMPLETED BY THE ATTACHMENT OF A
SUPPLEMENTARY SCHEDULE**

GARAGE COVERAGE FORM – AUTO DEALERS' SUPPLEMENTARY SCHEDULE

ITEM THREE

LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS

LOCATION NO.	ADDRESS State Your Main Business Location As Location No. 1.

ITEM FOUR

LIABILITY COVERAGE – PREMIUMS

Location No.	Classes Of Operators	Rating Factor (s)	Number Of Persons	Rating Units	Total Rating Units	Liability Prem.	P.I.P. Prem.	Prop. Prot. Prem. (MI Only)	Med. Exp. Ben. Prem. (VA Only)	Inc. Loss Ben. Prem. (VA Only)
	Class I – Employees Regular Operators									
	Class I – Employees All Others									
	Class II – Non-Employees Under Age 25									
	Class II – Non-Employees Age 25 Or Over									
	All Employees (only for Trailer Dealers)									
	Class I – Employees Regular Operators									
	Class I – Employees All Others									
	Class II – Non-Employees Under Age 25									
	Class II – Non-Employees Age 25 Or Over									
	All Employees (only for Trailer Dealers)									
TOTAL PREMIUMS										

Definitions

Class I – Employees

Regular Operator – Proprietors, partners and officers active in the "garage operations", salespersons, general managers, service managers, any "employee" whose principal duty involves the operation of covered "autos" or who is furnished a covered "auto".

All Others – All other "employees".

Note

1. Part-time "employees" working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.
2. Part-time "employees" working an average of less than 20 hours a week for the number of weeks worked are to be counted as 1/2 rating unit each.

Class II – Non-Employees

Any of the following persons who are regularly furnished with a covered "auto": Inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

ITEM FIVE**LIABILITY COVERAGE FOR YOUR CUSTOMERS**

Unless indicated by "X" below, limited liability coverage is provided for your customers in accordance with Paragraph a.(2)(d) of Who Is An Insured under Section II -- Liability Coverage

☐

If this box is checked Paragraph **a.(2)(d)** of Who Is An Insured under Section **II** - Liability Coverage does not apply.

ITEM SIX**GARAGEKEEPERS COVERAGES AND PREMIUMS**

Location No.	Coverages	Limit Of Insurance For Each Location (Absence of a limit or deductible below means that the corresponding ITEM TWO limit or deductible applies.)
	Comprehensive	MINUS DEDUCTIBLE FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR
	Specified Causes Of Loss	MINUS DEDUCTIBLE FOR ALL PERILS SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.
	Collision	MINUS DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.
	Comprehensive	MINUS DEDUCTIBLE FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR
	Specified Causes Of Loss	MINUS DEDUCTIBLE FOR ALL PERILS SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.
	Collision	MINUS DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.
	Comprehensive	MINUS DEDUCTIBLE FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR
	Specified Causes Of Loss	MINUS DEDUCTIBLE FOR ALL PERILS SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.
	Collision	MINUS DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.

PREMIUM FOR ALL LOCATIONS

Comprehensive	
Specified Causes Of Loss	
Collision	

DIRECT COVERAGE OPTIONS

Indicate below with an "X" which, if any, Direct Coverage Option is selected.

☐
EXCESS INSURANCE

If this box is checked, Garagekeepers Coverage remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.

☐
PRIMARY INSURANCE

If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" and is primary insurance.

ITEM SEVEN
PHYSICAL DAMAGE COVERAGE – TYPES OF COVERED AUTOS AND INTERESTS IN THESE AUTOS – PREMIUMS – REPORTING OR NONREPORTING BASIS

Each of the following Physical Damage Coverages that is indicated in ITEM TWO applies only to the types of "autos" and interests indicated below by "X".

COVERAGES	TYPES OF "AUTOS"		INTERESTS COVERED			
	New "Autos"	Used "Autos", Demonstrators And Service Vehicles	Your Interest In Covered "Autos" You Own	Your Interest Only In Financed Covered "Autos"	Your Interest And The Interest Of Any Creditor Named As A Loss Payee	All Interests In Any "Auto" Not Owned By You Or Any Creditor While In Your Possession On Consignment For Sale
Comprehensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specified Causes Of Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LOCATION NO.	COVERAGES	LIMIT OF INSURANCE FOR EACH LOCATION			RATES	PREMIUM
	Comprehensive	MINUS DEDUCTIBLE				
	Specified Causes Of Loss	FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR MINUS DEDUCTIBLE FOR ALL PERILS SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.				
	Comprehensive	MINUS DEDUCTIBLE				
	Specified Causes Of Loss	FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR MINUS DEDUCTIBLE FOR ALL PERILS SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.				
	Comprehensive	MINUS DEDUCTIBLE				
	Specified Causes Of Loss	FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR MINUS DEDUCTIBLE FOR ALL PERILS SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.				
All	Collision	MINUS DEDUCTIBLE				
		FOR EACH COVERED AUTO.				
		BLANKET ANNUAL COLLISION RATES			Adjustment Factor	Premium
		First \$50,000	\$50,001 To \$100,000	Over \$100,000		
TOTAL PREMIUM						

Our limit of insurance for "loss" at locations other than those stated in ITEM THREE.

Additional locations where you store covered "autos"
In transit

ITEM SEVEN (Cont'd)

PREMIUM BASIS – Reporting (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon by "X").

☐ **REPORTING BASIS (Quarterly or Monthly as indicated below by "X")**

You must report to us on our form the location of your covered "autos" and their total value at each such location. For your main sales location identified as location no. 1, you must include the total value of all covered "autos" you have furnished or made available to yourself, your executives, your "employees" or family members and other Class II – Non-Employees, and covered "autos" that are temporarily displayed or stored at locations other than those stated in ITEM THREE above. For your main sales location you must include the total value of all service vehicles.

YOUR REPORTING BASIS IS:

☐ **QUARTERLY**

You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the value for the last business day of every third month coming within the policy period.

☐ **MONTHLY**

You must give us your reports by the fifteenth of every month. Your reports will contain the total values you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown above will be credited against the final premium due.

☐ **NONREPORTING BASIS**

Stated limit of insurance shown above applies.

Loss Payee – Any loss is payable as interest may appear to you and:

See Schedule of Loss Payee(s)

ITEM EIGHT

MEDICAL PAYMENTS COVERAGE. REFER TO ITEM NINE FOR COVERED AUTOS INSURED ON A SPECIFIED CAR BASIS.

COVERAGE	PREMIUM DETERMINATION	PREMIUM
Auto Medical Payments Only	Auto Medical Payments Premium Equals % Of The Liability Premium.	
Premises And Operations Medical Payments (Does Not Apply To Bodily Injury Caused By Any Auto)	Premises And Operations Medical Payments Premium Equals % Of The Liability Premium.	
Premises And Operations And Auto Medical Payments	Premises And Operations And Auto Medical Payments Premium Equals % Of The Liability Premium.	

ITEM NINE

SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATOR OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS.

Covered Auto No.	DESCRIPTION				PURCHASED			TERRITORY	
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where The Covered Auto Will Be Principally Garaged		
Covered Auto No.	CLASSIFICATION								EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At the Time Of The Loss.
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	
					Liab.	Phy. Dam.			
Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)								
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P	PROPERTY PROTECTION (Michigan Only)			
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium		
Total Premium									

ITEM NINE

SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATOR OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS. (Cont'd)

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)			
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)	
	Limit	Premium	Limit Stated In Each Medical Expense and Income Loss Endorsement For Each Person	Premium
Total Premium				

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR	
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
Total Premium								

ITEM TEN
LIABILITY PREMIUM FOR PICK UP AND DELIVERY OF AUTOS – NON-FRANCHISED DEALERS ONLY

NUMBER OF DRIVER TRIPS		RATE	PREMIUM
51-200 Miles			
Over 200 Miles			
TOTAL			

GARAGE DECLARATIONS

POLICY NO.: _____

Producer

ITEM ONE**NAMED INSURED:****MAILING ADDRESS:**

POLICY PERIOD: From _____ to _____
at 12:01 A.M. Standard Time at your mailing address shown above.

PREVIOUS POLICY NUMBER: _____**FORM OF BUSINESS:**☐

CORPORATION

☐

LIMITED LIABILITY COMPANY

☐

INDIVIDUAL

☐

PARTNERSHIP

☐

OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Premium shown is payable at inception:

AUDIT PERIOD (IF APPLICABLE)		ANNUALLY		SEMI-ANNUALLY		QUARTERLY		MONTHLY
------------------------------	--	----------	--	---------------	--	-----------	--	---------

ENDORSEMENTS ATTACHED TO THIS POLICY:**IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)****IL 00 21 – Broad Form Nuclear Exclusion (Not applicable in New York)****SEE SCHEDULE OF FORMS AND ENDORSEMENTS**

COUNTERSIGNED _____ BY _____
(Date) (Authorized Representative)

NOTE

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT
THE COMPANY'S OPTION.

THIS DECLARATION MUST BE COMPLETED BY THE ATTACHMENT OF A SUPPLEMENTARY SCHEDULE.

ITEM TWO**SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for "garage operations".

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form shows which autos are covered autos.)	LIMIT			PREMIUM
		Each "Accident" "Garage Operations"	Aggregate – "Garage Operations"		
LIABILITY		"Auto" Only	Other Than "Auto" Only	Other Than "Auto" Only	
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS DEDUCTIBLE.			
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.			
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT.			
MEDICAL PAYMENTS					
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.			
UNINSURED MOTORISTS					
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)					
GARAGEKEEPERS COMPREHENSIVE COVERAGE		SEPARATELY STATED FOR EACH LOCATION IN ITEM SIX.			
GARAGEKEEPERS SPECIFIED CAUSES OF LOSS COVERAGE		SEPARATELY STATED FOR EACH LOCATION IN ITEM SIX			

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS (Cont'd)

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form shows which autos are covered autos.)	LIMIT	PREMIUM
GARAGEKEEPERS COLLISION COVERAGE		SEPARATELY STATED FOR EACH LOCATION IN ITEM SIX.	
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	
PHYSICAL DAMAGE TOWING AND LABOR		For Each Disablement Of A Private Passenger "Auto".	
		TAX/SURCHARGE/FEE	
		PREMIUM FOR ENDORSEMENTS	
		*ESTIMATED TOTAL PREMIUM	

*This policy may be subject to final audit.

Policy Number:

**GARAGE COVERAGE FORM
AUTO DEALERS' SUPPLEMENTARY SCHEDULE**

ITEM THREE -- LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS

Loc.	Address - State your main business location as location no. 1.

ITEM FOUR -- LIABILITY COVERAGE -- PREMIUMS.

Loc.	Classes of Operators		Rating Factor	Number of Persons	Rating Units	Total Rating Units	Liability Prem.	P.I.P. Prem.	Property Protect. Prem. (MI Only)	Med. Exp. Ben. Prem. (VA Only)	Inc. Loss Ben. Prem. (VA Only)						
	Class I - Employees	Reg. Operators															
		All Others															
	Class II - Non-Employees	Under Age 25															
		Age 25 or Over															
	Class I - Employees	Reg. Operators															
		All Others															
	Class II - Non-Employees	Under Age 25															
		Age 25 or Over															
Definitions:				Total Premium													

**Class I -- Employees
Regular Operator**

- Proprietors, partners and officers active in the "garage operations", salespersons, general managers, service managers, any employee whose principal duty involves the operation of covered "autos" or who is furnished a covered "auto".

All Others

- All other employees.

- Note:**
1. Part-time employees working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.
 2. Part-time employees working an average of less than 20 hours a week for the number of weeks worked are to be counted as 1/2 rating unit each.

Class II -- Non-Employees

Any of the following persons who are regularly furnished with a covered "auto": Inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

ITEM FIVE -- LIABILITY COVERAGE FOR YOUR CUSTOMERS

In accordance with paragraph a.(2)(d) of WHO IS AN INSURED under SECTION II -- LIABILITY COVERAGE, Liability coverage for your customers is limited unless indicated below by "X".

☐ If this box is checked, paragraph a.(2)(d) of WHO IS AN INSURED under SECTION II -- LIABILITY COVERAGE does not apply.

ITEM SIX -- GARAGEKEEPERS -- COVERAGES AND PREMIUMS

Loc.	Coverages	Limit of Insurance For Each Location (Absence of a limit or deductible below means that the corresponding ITEM TWO limit or deductible applies.)	
	Comprehensive	minus	ded. for each customer's auto for loss caused by theft or mischief or vandalism; or
	Specified Causes of Loss	minus	ded. for all perils.
	Collision	maximum	ded. for all such loss in any one event.
	Comprehensive	minus	ded. for each customer's auto for loss caused by theft or mischief or vandalism; or
	Specified Causes of Loss	minus	ded. for all perils.
	Collision	maximum	ded. for all such loss in any one event.

Premium for All Locations

Comprehensive

Direct Coverage Options

Indicate below with an "X" which, if any, Direct Coverage Option is selected.

Specified

Causes of Loss

Collision

☐ **Excess Insurance** -- If this box is checked, Garagekeepers Coverage remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a customer's "auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the customer's "auto's" owners.

☐ **Primary Insurance** -- If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a "customer's "auto" and is primary insurance.

Policy Number:

**GARAGE COVERAGE FORM
AUTO DEALERS' SUPPLEMENTARY SCHEDULE**

**ITEM SEVEN – PHYSICAL DAMAGE COVERAGE – TYPES OF COVERED AUTOS AND INTERESTS IN THESE
AUTOS – PREMIUMS – REPORTING OR NONREPORTING BASIS**

Each of the following PHYSICAL DAMAGE coverages that is indicated in ITEM TWO applies only to the types of "autos" and interests indicated below by "X".

Coverages	Types of "Autos"		Interests Covered			
	New "Autos"	Used "autos", Demonstrators and Service Vehicles	Your interest in covered "autos" you own	Your interest only in financed covered "autos"	Your interest and the interest of any creditor named as a loss payee	All interests in any "auto" not owned by you or any creditor while in your possession on consignment for sale
Comprehensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specified Causes of Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Loc.	Coverages	Limit of Insurance for Each Location			Rates	Premium
	Comprehensive	minus ded. for each covered auto for loss caused by theft or mischief or vandalism; or				
	Specified Causes of Loss	all perils. All subject to maximum ded. for all such loss in any one event				
	Comprehensive	minus ded. for each covered auto for loss caused by theft or mischief or vandalism; or				
	Specified Causes of Loss	all perils. All subject to maximum ded. for all such loss in any one event				
ALL	Collision	minus ded. for each covered auto			Adjustment Factor	Premium
		Blanket Annual Collision Rates				
		First \$50,000	\$50,001 to \$100,000	Over \$100,000		
				Total Premium		

Our limit of insurance for "loss" at locations other than those stated in ITEM THREE.
Additional locations where you store covered "autos"
In transit

Premium Basis – Reporting (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon by "X").

☐ **Reporting Basis** (Quarterly or Monthly as indicated below by "X")

You must report to us on our form the location of your covered "autos" and their total value at each such location. For your main sales location identified as location no. 1, you must include the total value of all covered "autos" you have furnished or made available to yourself, your executives, your employees or family members and other Class II - Non-Employees, and covered "autos" that are temporarily displayed or stored at locations other than those stated in ITEM THREE above. For your main sales location you must include the total value of all service vehicles.

Your Reporting Basis is:

- ☐ **Quarterly** You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the value for the last business day of every third month coming within the policy period.
- ☐ **Monthly** You must give us your reports by the fifteenth of every month. Your reports will contain the total values you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown above will be credited against the final premium due.

☐ **Nonreporting Basis.** Stated limit of insurance shown above applies.

Loc.	Loss Payee – Any loss is payable as interests may appear to you and:
	See Schedule of Loss Payee(s)

Policy Number:

**GARAGE COVERAGE FORM
AUTO DEALERS' SUPPLEMENTARY SCHEDULE**

ITEM EIGHT – MEDICAL PAYMENTS COVERAGE – REFER TO ITEM NINE FOR COVERED AUTOS INSURED ON A SPECIFIED CAR BASIS.

Coverage	Premium Determination	Premium
Auto Medical Payments Only	Auto Medical Payments Premium equals % of the Liability Premium	
Premises and Operations Medical Payments (Does not apply to bodily injury caused by any auto)	Premises and Operations Medical Payments Premium equals % of the Liability Premium	
Premises and Operations and Auto Medical Payments	Premises and Operations and Auto Medical Payments Premium equals % of the Liability Premium	

ITEM NINE – SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATOR OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS

SEE SCHEDULE OF COVERED AUTOS YOU OWN

ITEM TEN – LIABILITY PREMIUM FOR PICK UP AND DELIVERY OF AUTOS – NON-FRANCHISED DEALERS ONLY

Number of Driver Trips		Rate	Premium
51-200 miles			
Over 200 miles			
Total Premium			

TRUCKERS DECLARATIONS

POLICY NO.: _____

Producer

ITEM ONE**NAMED INSURED:****MAILING ADDRESS:**

POLICY PERIOD: From _____ to _____
 at 12:01 A.M. Standard Time at your mailing address shown above.

PREVIOUS POLICY NUMBER: _____**FORM OF BUSINESS:**☐ CORPORATION☐ LIMITED LIABILITY COMPANY☐ INDIVIDUAL☐ PARTNERSHIP☐ OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
 WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Premium shown is payable at inception:

AUDIT PERIOD (IF APPLICABLE)		ANNUALLY	SEMI-ANNUALLY	QUARTERLY	MONTHLY
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ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)

IL 00 21 – Broad Form Nuclear Exclusion (Not Applicable in New York)

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

COUNTERSIGNED _____ BY _____
 (Date) (Authorized Representative)

NOTE

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE
 AT THE COMPANY'S OPTION.

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY			
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS DEDUCTIBLE.	
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT.	
MEDICAL PAYMENTS			
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	
UNINSURED MOTORISTS			
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)			
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR WHICHEVER IS LESS,	
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO.	
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO.	
PHYSICAL DAMAGE TOWING AND LABOR		FOR EACH DISABLEMENT OF A PRIVATE PASSENGER "AUTO".	
		TAX/SURCHARGE/FEE	
		PREMIUM FOR ENDORSEMENTS	
		*ESTIMATED TOTAL PREMIUM	

*This policy may be subject to final audit.

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				PURCHASED			TERRITORY	
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Original Cost New	Actual Cost & NEW (N) USED (U)		Town & State Where The Covered Auto Will Be Principally Garaged	
Covered Auto No.	CLASSIFICATION								EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At the Time Of The Loss.
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	
					Liab.	Phy. Dam.			
Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)								
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P		PROPERTY PROTECTION (Michigan Only)		
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.		Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium	
Total Premium									

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)			
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)	
	Limit	Premium	Limit Stated In Each Medical Expense and Income Loss Endorsement For Each Person	Premium
Total Premium				

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR	
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
Total Premium								

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE – RATING BASIS, COST OF HIRE – AUTOS USED IN YOUR TRUCKING OPERATIONS				
ESTIMATED COST OF HIRE		RATE PER EACH \$100 COST OF HIRE		TOTAL ESTIMATED PREMIUM
LIABILITY COVERAGE – RATING BASIS, COST OF HIRE – AUTOS NOT USED IN YOUR TRUCKING OPERATIONS				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage is Primary)	PREMIUM
TOTAL PREMIUM				
LIABILITY COVERAGE – RATING BASIS, NUMBER OF DAYS – (FOR MOBILE OR FARM EQUIPMENT – RENTAL PERIOD BASIS)				
STATE	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED	BASE PREMIUM	FACTOR	PREMIUM
TOTAL PREMIUM				

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.			
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.			
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO.			
TOTAL PREMIUM				

Cost of Hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

ITEM FIVE**SCHEDULE FOR NON-OWNERSHIP LIABILITY**

RATING BASIS	NUMBER	PREMIUM
Number Of Employees		
Number Of Partners		
TOTAL		

ITEM SIX**TRAILER INTERCHANGE COVERAGE**

COVERAGES	LIMIT OF INSURANCE	DAILY RATE	ESTIMATED PREMIUM
COMPREHENSIVE	STATED IN ITEM TWO		
SPECIFIED CAUSES OF LOSS			
COLLISION			
TOTAL PREMIUM			

ITEM SEVEN**SCHEDULE FOR GROSS RECEIPTS RATING BASIS – LIABILITY COVERAGE**

ESTIMATED YEARLY	RATES				PREMIUMS			
	Per \$100 of Gross Receipts							
<div><div></div><div>Gross Receipts</div></div>	LIABILITY	AUTO MEDICAL PAYMENTS	MEDICAL EXPENSE BENEFITS (VA Only)	INCOME LOSS BENEFITS (VA Only)	LIABILITY	AUTO MEDICAL PAYMENTS	MEDICAL EXPENSE BENEFITS (VA Only)	INCOME LOSS BENEFITS (VA Only)
TOTAL PREMIUMS								
MINIMUM PREMIUMS								

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "trucker" and 15% of the total amount received from renting any equipment to any "trucker". Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

TRUCKERS COVERAGE FORM DECLARATIONS

Policy Number

ITEM ONE

Named Insured

Agent Name

Effective Date:

12:01 A.M., Standard Time

Agent No.

ITEM TWO – SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Truckers Coverage Form next to the name of the coverage.

Coverages	Covered Autos**	Limit The most we will pay for any one accident or loss	Premium
Liability			
Personal Injury Protection***		Separately stated in each P.I.P. endorsement minus Ded.	
Added Personal Injury Protection****		Separately stated in each added P.I.P. endorsement.	
Property Protection Insurance (Michigan only)		Separately stated in the P.P.I. endorsement minus Ded. for each accident.	
Medical Payments			
Medical Expense and Income Loss Benefits (Virginia Only)		Separately stated in each Medical Expense and Income Loss Benefits Endorsement.	
Uninsured Motorists			
Underinsured Motorists (When not included in UM Coverage)			
T R A I L E R I N T E R C H A N G E	Comprehensive Coverage	Actual cash value, cost of repair or whichever is less	
	Specified Causes of Loss Coverage	Actual cash value, cost of repair or whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism.	
	Collision Coverage	Actual cash value, cost of repair or whichever is less, minus ded. for each covered auto.	
P H D Y A S M I A C G A E L	Comprehensive Coverage	Actual cash value or cost of repair, whichever is less minus ded. for each covered auto, but no ded. applies to loss caused by fire or lightning.*****	
	Specified Causes of Loss Coverage	Actual cash value, cost of repair, whichever is less minus ded. for each covered auto for loss caused by mischief or vandalism.*****	
	Collision Coverage	Actual cash value, cost of repair, whichever is less minus ded. for each covered auto.*****	
	Towing and Labor	for each disablement of a "Private Passenger Auto".	
Forms and Endorsements applying to this coverage part and made a part of this policy at time of issue:			Tax/Surcharge/Fee Premium for Endorsements *Estimated Total Premium
SEE SCHEDULE OF FORMS AND ENDORSEMENTS			
* This policy may be subject to final audit. ** Entry of one or more of the symbols from the COVERED AUTOS Section of the Truckers Coverage Form shows which autos are covered autos. *** Or equivalent No-Fault Coverage **** Or equivalent added No-Fault Coverage ***** See ITEM FOUR for Hired or Borrowed "Autos"			

Policy Number:

TRUCKERS' DECLARATIONS (Continued)**ITEM FOUR – SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS.****LIABILITY COVERAGE – RATING BASIS, COST OF HIRE – AUTOS USED IN YOUR TRUCKING OPERATIONS**

State	Estimated Cost of Hire	Rate Per Each \$100 Cost of Hire	Total Estimated Premium
		Total Premium	

LIABILITY COVERAGE – RATING BASIS, COST OF HIRE - AUTOS NOT USED IN YOUR TRUCKING OPERATIONS

State	Estimated Cost of Hire for Each State	Rate Per Each \$100 Cost of Hire	Factor (if Liability Coverage is Primary)	Premium
			Total Premium	

PHYSICAL DAMAGE COVERAGE

Coverages	Limit of Insurance The Most We Will Pay Deductible		Estimated Annual Cost of Hire	Rate Per Each \$100 Annual Cost of Hire	Premium
Comprehensive	Actual cash value, or cost of repair,	whichever is less, minus ded. for each covered auto, but no ded. applies to loss caused by fire or lightning.			
Specified Causes of Loss		whichever is less, minus ded. for each covered auto for loss caused by mischief or vandalism.			
Collision		whichever is less, minus ded. for each covered auto.			
			Total Premium		

Cost of Hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by lessor or an employee of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

Policy Number:

TRUCKERS' DECLARATIONS (Continued)**ITEM FIVE – SCHEDULE FOR NON-OWNERSHIP LIABILITY.**

Rating Basis	Number	Premium
Number of Employees		
Number of Partners		
	Total Premium	

ITEM SIX – TRAILER INTERCHANGE COVERAGE

Coverages	Limit of Insurance	Daily Rate	Estimated Premium
Comprehensive	Stated in ITEM TWO		
Specified Causes of Loss			
Collision			
		Total Premium	

ITEM SEVEN -- SCHEDULE FOR GROSS RECEIPTS RATING BASIS - LIABILITY COVERAGE.

Estimated Yearly Gross Receipts	Rates				Premiums			
	Per \$100 of Gross Receipts							
	Liability Coverage	Auto Medical Payments	Medical Expense Benefits (VA only)	Income Loss Benefits (VA Only)	Liability Coverage	Auto Medical Payments	Medical Expense Benefits (VA. only)	Income Loss Benefits (VA. only)
		Total Premiums						
		Minimum Premiums						

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation.

"Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "trucker" and 15% of the total amount received from renting any equipment to any "trucker". Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:		Review Status:	
Uniform Transmittal Document- Property & Casualty		Approved	07-05-2007
Comments:			
Attachment:			
industry_rates_PCtransDoc_intelligent.pdf			

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">New Business</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Renewal Business</div> <div style="width: 40%;"></div> </div> f. State Filing #: g. SERFF Filing #: <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">h. Subject Codes</div> <div style="width: 60%;"></div> </div>
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3.	Group Name	Group NAIC #

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #

5.	Company Tracking Number	
-----------	--------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7.	Signature of authorized filer	
8.	Please print name of authorized filer	

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	
10.	Sub-Type of Insurance (Sub-TOI)	
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: Renewal:
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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